

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING**

**MONTHLY RECORD OF:
Fire Drills and Smoke Detector Battery Check**

INSTRUCTIONS

1. During each monthly drill, conditions shall vary and each should be given at an unexpected time. Familiarize children with alternate routes.
2. Emphasis should be placed upon quiet and orderly evacuation under proper discipline.
3. Record information for the Office of Child Care Licensing.

<u>DATE</u> (year)	<u>DAY</u>	<u>TIME OF DAY</u>	<u>EVACUATION TIME</u>	<u>BATTERY CHECK</u>
JANUARY	_____	_____	_____	_____
FEBRUARY	_____	_____	_____	_____
MARCH	_____	_____	_____	_____
APRIL	_____	_____	_____	_____
MAY	_____	_____	_____	_____
JUNE	_____	_____	_____	_____
JULY	_____	_____	_____	_____
AUGUST	_____	_____	_____	_____
SEPTEMBER	_____	_____	_____	_____
OCTOBER	_____	_____	_____	_____
NOVEMBER	_____	_____	_____	_____
DECEMBER	_____	_____	_____	_____

**KEEP THIS FORM FOR 12 MONTHS
FROM THE DATE OF LAST FIRE DRILL**